

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155744		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2011	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP CODE 351 NORTH ALLEN CHAPEL RD KENDALLVILLE, IN46755			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/04/11</p> <p>Facility Number: 000570 Provider Number: 155744 AIM Number: 100275010</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lutheran Life Villages was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and resident rooms. The facility has a capacity of 127 and had a census of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046 SS=F	91 at the time of this survey.  Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/07/11.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:		K0046				
	Based on observation and interview, the facility failed to ensure 19 of 19 emergency lighting fixtures of at least 1½ hour duration were tested monthly and annually in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having			A Battery-operated Emergency Lights test log was developed.( Please see attachment # 1)The Maintenance Director will be responsible for doing the monthly inspections in addition to the annual inspection.The administrator will review the logs monthly to ensure compliance.The administrator will include a review of these logs in his QA report for the next three months.		03/14/2011	

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	jurisdiction. This deficient practice could affect all occupants.  Findings include:  Based on observations with the Director of Maintenance on 03/04/11 from 12:40 p.m. to 3:00 p.m., nineteen battery operated light fixtures were observed throughout the facility. Based on an interview with the Director of Maintenance at the time of observation, there were no written records of the monthly tests or the annual test regarding the battery operated light fixtures available for review.  3.1-19(b)						

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K0144 SS=C	<p>1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/04/11 during a tour of the facility from 12:40 p.m. to 3:00 p.m., the facility did not have a remote manual stop for the emergency generator. Based on an</p>			K0144	<p>1. A Remote manual stop was installed on our generator on 3/14/11 2. An Emergency Generator Weekly Inspection check list was implemented. (Please see Attachment # 2)The maintenance director will be responsible for performing the weekly inspection.To ensure compliance, the Administrator will include a review of these logs in the QA report for the next three months.</p>		03/14/2011

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	<p>interview with the Director of Maintenance at 1:15 p.m., the generator motor was over 100 horsepower.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to provide the complete documentation for the weekly visual inspection of 1 of 1 emergency generators providing power to the emergency systems. NFPA 99, 3-5.4.2 requires a written record or inspection, performance, exercise period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 99, 3-4.1.1(b)1 requires generating testing be in accordance with NFPA 110, Standard for Emergency and Standby power Systems, Chapter 6. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSS including all appurtenant components shall be inspected weekly. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a review of the generator log "Emergency Generator Test Log" with the Director of Maintenance on</p>						

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	03/04/11 at 12:29 p.m., weekly inspection were conducted only twelve of fifty two weeks of the previous year. Based on an interview with the Director of Maintenance at the time of record review, he forgot to document the inspections.  3.1-19(b)						